211

First Aid Arrangements and Facilities

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Related Policies and Guidance Documents	
Related Regulations	Health & Safety at Work Act 1974 The Management of Health and Safety at Work Regulations 1999 The Health and Safety (First Aid) Regulations 1981 The Health and Safety (Miscellaneous Amendments) Regulations 2002 BS5899 – 1:2019
Annexes and Supplementary Info	Annex 1- First Aid risk Assessment Annex 2- First Aid Kit Guidance
Responsible Person	
Responsible Person Signature	Craig Barrington

First Aid

1. Introduction

However thorough SENAD group are at negating and reducing the risk of accident or incident, there are times where such events occur or unforeseen emergency and may result in the need for administration of first aid.
All SENAD sites will have in place suitable and sufficient first aid arrangements.

2. Scope

All SENAD sites will carry out an assessment to establish what first aid arrangements are required that are suitable for each site. This will include number of first aiders needed, types and quantity of resources at each site (first aid kits, first aid rooms etc)

2.1 Responsibilities

2.1.1 Chief Executive Officer

The CEO has overall responsibility to ensure that this policy is implemented and effective. The CEO will ensure that appropriate resources are made available to senior management in order to fulfil the policy effectiveness.

2.1.2 Senior Management

Directors of services will Ensure suitable and sufficient resources are made available to ensure First aid arrangements are in place, resources are provided and that risks are managed effectively in services within their individual area of responsibility.
Any related injuries are appropriately reported, investigated and resolved.

2.1.3 Group Health and Safety Officer

The Group Health and Safety Officer will ensure that the policy is implemented and understood by site managers, and staff.
Support and guidance will be given where required to ensure that the policy is implemented and that good reporting of incident or accident is recorded.

Periodic proactive monitoring of the procedures will be undertaken, and audit inspections carried out to determine overall effectiveness of the policy.

2.1.4 Group Training and Education Manager

Effective training and education will be delivered to all staff in relation to First Aid Arrangements. This includes training in the following areas as deemed appropriate to each site:

- Appointed Person responsibilities
- Emergency First aid at work (EFAW)
- First Aid at Work (FAW)
- Any other additional training

- records of all training are maintained to evidence attendance and completed training.
- Ensure due diligence of all trainers to ensure safe practice.

2.1.5 Heads of Service and Service Managers duties:

- Ensure appropriate risk assessment, subsequent appointment of first aiders and first aid resources is available
- Ensure staff have appropriate training instruction in relation to First aid
- Ensure a proper system of checks, and re validation is in place
- Ensure all staff know who the first aiders are within each location

2.1.6 Employees Duties

- Attend training as required and understand the first aid procedures
- Know who the first aiders are within their area of work
- Call for appropriate trained first aid persons immediately in the event of any accident or incident

3. Policy

3.1 Risk Assessment

All sites will undertake a First Aid risk Assessment.
The risk assessment for each site will inform the levels and numbers of competent first aid trained personnel

When deciding on the level of training it is good to reference the content of specific courses and benchmark that against the types of hazards in the service, the accident / incident history and the layout and proximity of buildings.

Other factors to consider are:

- the nature of the workplace/ service;
- the size of the service i.e. number of staff and non-employees who could be on site;
- Off-site activities, travelling in vehicles, remote and lone working;
- the distribution of the workforce;
- the remoteness of the site from emergency medical services;
- employees working on shared or multi-occupied sites;
- annual leave and other absences of first-aiders and appointed persons;
- first-aid provision for non-employees
-

See Annex 1 – First Aid Risk Assessment

3.2 Medical Rooms

In school settings current legislation requires that :

- In every school there shall be accommodation for—

(a)the medical or dental examination and treatment of pupils; and

(b)the care of sick or injured pupils.

The accommodation provided in pursuance of this regulation shall contain a washbasin and be reasonably near a water closet.

3.3 Defibrillators

Although it is not a legal requirement to have immediate access to defibrillators on each site, it is recommended that these are considered as part of a sites first aid resources.

SENAD has acted upon recommendation, and each school site does have a defibrillator on site and the following Adult homes also:

Winslow Court, Orchard End, Ecclesbourne Lodge and Fairfield House.

Where Defibrillators are available, first aiders will be trained in their maintenance and use, and will be responsible for ensuring the devices are readily available for use at all times.

3.4 First Aid Kits

Following risk assessment, SENAD will provide sufficient and suitably stocked first aid kits at all sites and portable kits will be available for times when off site. Kits will also be in vehicles for outings etc.

SENAD will adopt BS8599 for first aid kits to ensure each site can stock first aid equipment to the same standards.

First aid kit contents will contain a host of generic items, and also any bespoke items as deemed required by risk assessment

The location of these kits within each building will be clearly indicated with appropriate signs. All First Aid Kits will be marked with a white cross on a green background. They should be suitably positioned preferable close to hand washing facilities.

Areas where higher risks have been identified such as workshops should also have access to Critical injury first aid kits / trauma kits.

See annex 2- for first aid kit guidance to BS8599

3.4.1 Vehicle First Aid Kits

All Site vehicles have been supplied with first aid kits. It is recommended that all drivers of these vehicles are trained to at least Appointed Person level, or preferably full First Aid at Work level. It is the duty of the driver to check that the first aid kit is available before leaving the SENAD facility and it is compliant.
Vehicle first aid kits should refer to the travel kits in annex 2

3.5.1 Hygiene / Infection Control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should be given access to single –use disposable gloves and hand washing facilities. Care should be taken when dealing with blood or any other body fluid.
For additional information see Infection Control guidance 305.

3.5.2 Accident book and reporting

All accidents and incidents will be reported using the sites system for reporting, which should include any paper-based reporting using the GDPR compliant books and to each site manager.
All accident and incidents must be further reported to the site health and safety link, or to the group health and safety officer. Monthly accident and incident data is to be collated and sent to the Group Health & Safety Officer by the appointed person using the Monthly Reporting spreadsheet.

4 Training

Once first aid staffing needs have been identified, Staff will be trained to fulfil as appropriate the following qualifications:

- Appointed Persons
- Emergency First Aid at Work
- First Aid at Work
- Additional specialist training

Training will be delivered by SENAD qualified instructors who are accredited by 3rd party provider to national standards. Certification is issues by the 3rd party accredited party.

Refresher training and re qualification is carried out in line with current guidance

5 Monitoring and Review

Periodic monitoring and review of this policy and procedures will be undertaken by the Group Health and Safety Officer to ensure it is implemented and remains effective.

Regular audit and inspections will take place by local managers to ensure first aid kits are stocked correctly, and in date. SENAD Education team will ensure that qualifications and training matrix is updated as required for initial training, re qualification or upskilling as required.

Annex 1- First Aid Risk assessment

Site Name: Date of Assessment:

Step 1 – Numbers Initial Assessment

	Early Shift	School Day	Late Shift	Night Shift
Number of staff on site:				
Average number of Agency staff:				
Number of Residents:				
Number of Day Students:				
Number of Full time Contractors:				
Others:				
Total Number:				

Step 2 – Category of Risk Initial Assessment

SENAD Group facilities vary from site to site and therefore the category of risk will also vary. A judgement should be made as to which category the facility falls into: **Low, Medium** or **High.** This may vary from shift to shift. The judgement should be made using the following information: - accident statistics, challenging behaviour, any physical disabilities, and experience of the staff. And considering the information detailed in Table 1 (below)

RISK FACTORS	Low, Medium or High	THINGS TO CONSIDER	ACTION TO TAKE
Are there any specific risks e.g. working with: • Hazardous substances • Dangerous machinery • Animals?		You may need to consider: • Specific training for first aiders • Extra first aid equipment or materials • Precise citing of First Aid boxes	
Are there parts of the facility where different levels of risk can be identified e.g. sports facilities?		You may need to adjust your initial assessment during the time these areas are in use or according to the qualifications of the personnel in charge	
Are there inexperienced workers on site, people with disabilities or special health needs?		You may need to consider special equipment.	
Are the premises spread out e.g. • Several buildings in use • Multi floor working?		You may need to consider: • Adjustment to initial assessment • Communication • Citing of First Aid boxes.	
Are contractors or visitors at risk due to the students or residents?		You may need to consider supervision of contractors or visitors.	

The checklist above should be used as an aid to the risk assessment Work through the checklist, entering either **Low, Medium** or **High** against each risk factor: in the case of **Low** answers, no further action will probably be required. **Medium** or **High** answers may require adjustment to the assessment or actions to take to accommodate the risk factor. The checklist is only a guide – you may also need to consider other factors not identified which will also affect the assessment. If follow up is required they should be signed off when completed. These factors should be identified in the last row of Step 4.

Step 3 – Minimum Assessment

Using the table as a guide, the Assessment can be completed.

Category of Risk	Numbers	Suggested number of First Aid Personnel
Low Risk	Fewer than 50	At least one Appointed Person **(Emergency First aid trained)**
	50-100	At least one First Aider **(First Aid at work trained)**
	More than 100	One additional for every 100 persons
Medium Risk	Fewer than 20	At least one Appointed Person**(Emergency First aid trained)**
	20-100	At least one First Aider for every 50 persons **(First Aid at work trained)**
	More than 100	One additional for every 100 persons
High Risk	Fewer than 5	At least one Appointed Person**(Emergency First aid trained)**
	5-50	At least one First Aider **(First Aid at work trained)**
	More than 50	One additional for every 50 persons

	Morning Shift	School Day	Evening Shift	Night Time
Minimum Requirement				

Also, when determining the numbers and types of first aiders needed on site you will need to build in a contingency for times when first aiders may be on holiday or absent from work. This may also include additional resource to take account of turnover of staff.

Step 4 – Follow up Action

Follow up action may be required from Step 2.

Is follow up action required?	**Yes/ No**
Follow-up action completed on:	**Date**

Annex 2- First Aid Kit contents to BS8599

BS8599-1:2019 has 6 compliant first aid kits, workplace in small, medium and large, travel and motoring kit, a personal issue kit and a critical injury pack. The type and size of lit should be determined by risk assessment in consultation with the first aiders on site and if required the Group Health & Safety Manager.

SMALL	MEDIUM	LARGE	TRAVEL	PERSONAL ISSUE	CRITICAL INJURY PACK
1 Guidance Card	1 Guidance Card	1 Guidance Card	1 Guidance Card	1 Guidance Card	1 Guidance Card
1 Contents List	1 Contents List	1 Contents List	1 Contents List	1 Contents List	1 Contents List
2 Medium Dressings	4 Medium Dressings	6 Medium Dressings	1 Medium Dressings	1 Large Dressings	2 Pairs of Nitrile Gloves
2 Large Dressings	3 Large Dressings	4 Large Dressings	1 Triangular Bandages	1 Triangular Bandages	1 Foil Blanket
2 Triangular Bandages	3 Triangular Bandages	4 Triangular Bandages	10 Individually Wrapped Sterile Dressings	10 Individually Wrapped Sterile Dressings	1 Pair of Sheers
2 Sterile Eye pads	3 Sterile Eye pads	4 Sterile Eye pads	10 Alcohol Free Wipes	4 Alcohol Free Wipes	2 Trauma Dressings Large
40 Individually Wrapped Sterile Dressings	60 Individually Wrapped Sterile Dressings	100 Individually Wrapped Sterile Dressings	2 Pairs of Nitrile Gloves	2 Pairs of Nitrile Gloves	2 Haemostatic Dressings
20 Alcohol Free Wipes	30 Alcohol Free Wipes	40 Alcohol Free Wipes	1 Resuscitation Face Shield	1 Resuscitation Face Shield	1 Tourniquets
1 Adhesive Tape	2 Adhesive Tapes	3 Adhesive Tapes	1 Foil Blanket	1 Foil Blanket	
6 Pairs of Nitrile Gloves	9 Pairs of Nitrile Gloves	12 Pairs of Nitrile Gloves	2 Burn Dressings	1 Pair of Sheers	
2 Sterile Finger Dressings	3 Sterile Finger Dressings	4 Sterile Finger Dressings	**1 Pair of Sheers**		
1 Resuscitation Face Shield	1 Resuscitation Face Shield	2 Resuscitation Face Shields	1 Trauma Dressings Medium		
1 Foil Blanket	2 Foil Blankets	3 Foil Blankets			
1 Burn Dressing	2 Burn Dressings	2 Burn Dressings			
1 Pair of Sheers	**1 Pair of Sheers**	**1 Pair of Sheers**			
1 Conforming Bandage	2 Conforming Bandage	2 Conforming Bandages			

Specialist training is required for key elements of critical injury packs for example the use of tourniquets and haemostatic dressings.

First Aid Annex 3- Asthma guidance

The Human Medicines (amendment) (no.2) regulations 2014 allows schools to buy salbutamol inhalers, without prescriptions, for the use in emergencies.

The emergency salbutamol inhaler should only be used by children for whom written parental consent for use of the emergency inhaler has been given, who either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as a reliever medication.

Supply of Emergency Inhalers

Schools can buy inhalers for occasional use. Pharmacies are not required to provide inhalers or spacers free of charge to schools.

The supplier will need a request signed by the principal or Head teacher (ideally on headed paper) stating:

- The name of the school for which the product is required
- The purpose for which that product is required and the total quantity required

Schools may wish to discuss with their pharmacist the different plastic spacers available and what is most appropriate for the age group on the school.

The Emergency Kit

This should include:

- A salbutamol metered dose inhaler stored below 30 deg c and out of direct sunlight
- At least 2 plastic spacers compatible with the inhaler
- Instructions for using the spacer and inhaler
- Manufacturers information for cleaning and storage
- A checklist of inhalers, identified by batch number and expiry date with monthly working checks recorded (inhalers should be obtained when expiry dates approach)
- A note of the arrangements for replacing the inhalers and spacers
- A list of children permitted to use the emergency inhaler preferably accompanied by a photo
- A record of administration- when the inhaler has been used.

The inhaler should be primed before first use as it can become blocked when not used over a period of time and should be regularly primed by spraying 2 puffs.

After an asthma attack the spacer should not be reused, but can be given to the child to take home for their use, this is to prevent cross infection. Staff should promptly ensure they are restocked. Empty Inhalers should be returned to the pharmacy for recycling.

Schools should ideally have more than one kit particularly if they operate over different sites.

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child may try to tell you their chest feels tight (younger children may express this as a tummy ache)
- Difficulty in breathing (The child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Being unable to talk or complete sentences, some children will go very quiet.
- Appearing exhausted
- A blue/white tinge around the lips
- Going blue

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

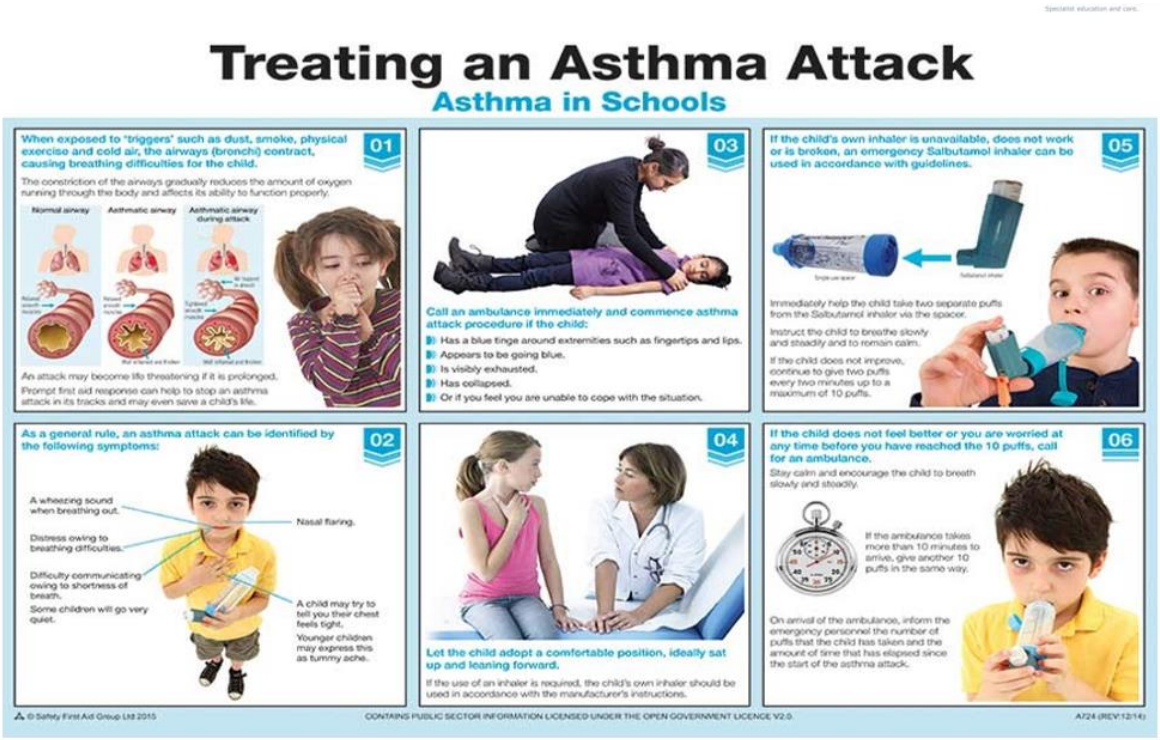
- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK:

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler.
- Remain with child while inhaler and spacer are brought to them.
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately.
- If there is no immediate improvement, continue to give 2 puffs every two minutes, up to a maximum of 10 puffs. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.

If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE

- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way as above.
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.
- A child's parents also must be informed in writing so that this information can also be passed to the child's GP



CONSENT FORM

USE OF EMERGENCY SALBUTAMOL INHALER

[Insert school name]

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:…….. Date: ……

Name
(print)……..

Child's name:
……

Class: ……..

Parent's address and contact details:
……

……

Telephone:
……

E-mail:
……

SPECIMEN LETTER TO INFORM PARENTS
OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:
……
…

Class:
……
…

Date: ……

Dear……., [Delete as appropriate]

This letter is to formally notify you that…….has had problems with his / her breathing today. This happened when:

……

A member of staff helped them to use their asthma inhaler. They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.

They were given …… puffs. Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given …… puffs. [Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

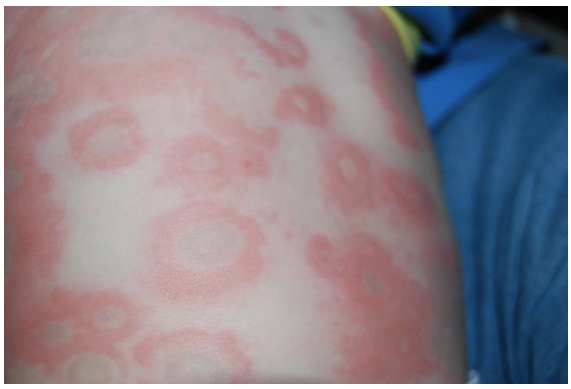
First Aid Annex 4- Anaphylaxis guidance:

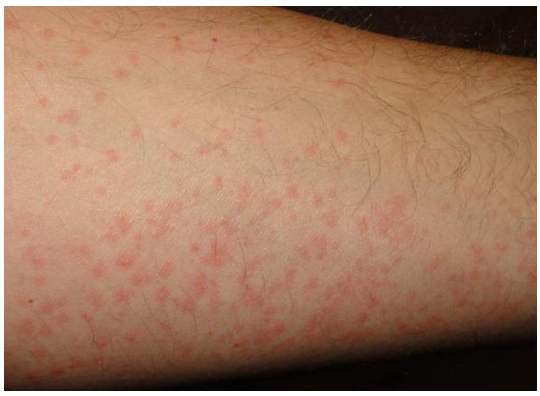
For many children, the symptoms of allergy are mild. However, occasionally the symptoms are severe and they may even be life-threatening.
The common causes of severe allergic reactions (anaphylaxis) include foods such as peanuts, tree nuts, milk, eggs, shellfish, fish, sesame seeds and kiwi fruit, although many other foods have been known to trigger anaphylaxis. Peanut allergy is particularly common – with one in 70 children nationwide thought to be affected.
Non-food causes of anaphylaxis include wasp or bee stings, natural latex (rubber) and certain drugs such as penicillin.
The most severe form of allergy can be manageable with sound precautionary measures and support from the staff and school life may continue as normal for all concerned.
An anaphylactic shock involves difficulty in breathing or affects the heart rhythm or blood pressure. Any one or more of the following symptoms may be present. These are often referred to as the **ABC symptoms**:

AIRWAY	BREATHING	CONCIOUSNESS/CIRCULATION
• Persistent cough • Vocal changes (hoarse voice) • Difficulty in swallowing • Swollen tongue	• Difficult or noisy breathing • Wheezing (like an asthma attack)	• Feeling lightheaded or faint. • Clammy skin • Confusion • Unresponsive/unconscious (due to a drop-in blood pressure)

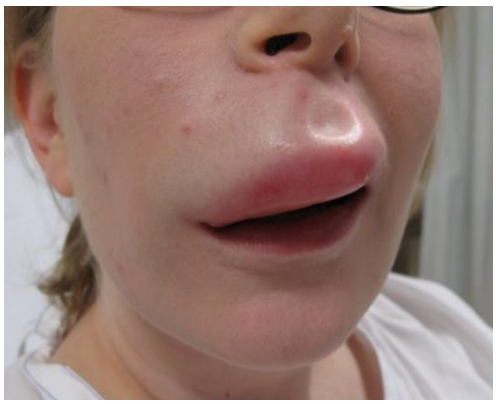
In addition to the ABC symptoms listed above, the following, less severe symptoms may occur:
• Widespread flushing of the skin
• Nettle rash (otherwise known as hives or urticaria)
• Swelling of the skin (known as angioedema) anywhere on the body (for example, lips, face).
• Abdominal pain, nausea and vomiting

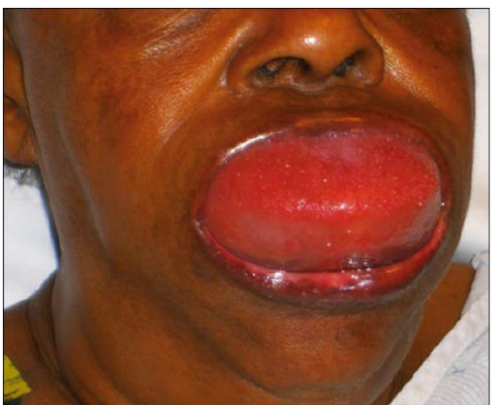
Nettle rash (hives)





Swelling (angioedema)





Treatment of Anaphylaxis

1. use an adrenaline auto-injector if the person has one – but make sure you know how to use it correctly first
2. **call 999** for an ambulance immediately (even if they start to feel better) – mention that you think the person has anaphylaxis
3. remove any trigger if possible – for example, carefully remove any wasp or bee sting stuck in the skin
4. lie the person flat – **unless**
    - pregnant women should lie on their left side to avoid putting too much pressure on the large vein that leads to the heart
    - people having trouble breathing should sit up to help make breathing easier
    - people who are unconscious should be placed in the recovery position to ensure the airway remains open and clear – place them on their side, making sure they're supported by one leg and one arm, and open their airway by lifting their chin
5. avoid a sudden change to an upright posture such as standing or sitting up – this can cause a dangerous fall in blood pressure
6. give another injection after 5-15 minutes if the symptoms don't improve and a second auto-injector is available
7. If the person's breathing or heart stops, CPR should be performed immediately.
8. They will need to go to hospital for observation – usually for 6-12 hours – as the symptoms can occasionally return during this period.
9. Parents / carers MUST be contacted

Adrenaline Auto Injectors

There are three main types of adrenaline auto-injector, which are used in slightly different ways.

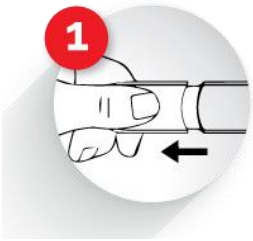
EpiPen®

Lie down with your legs slightly elevated to keep your blood flowing or sit up if breathing is difficult.

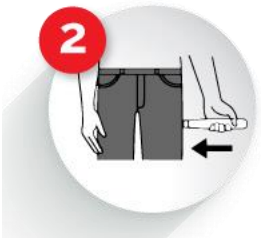
Each **EpiPen®** can only be used once. If symptoms don't improve, you can administer a second **EpiPen®** after 5-15 minutes.

Jext®

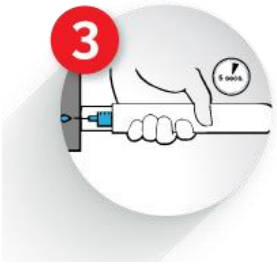
Emerade®



REMOVE NEEDLE SHIELD



PRESS AGAINST THE OUTER THIGH



HOLD FOR 5 SECONDS AND MASSAGE THE SITE GENTLY

Emerade® is for single use only. However, in the absence of clinical improvement a second injection of Emerade® may be administered 5 -15 minutes after the first injection.

Supporting the Young Person

- Ensure that catering supervisors are aware of an allergic child's requirements, this may be done by creating a log with photographs of children with allergies. However, this should be dealt with sensitively, and not be visible to students. Review health records submitted by parents.
- Be aware that some allergens, such as milk, are much more common in schools, and therefore may require a more extensive strategy.
- Include food-allergic children in school activities. Pupils should not be excluded based on their allergy. School activities should be designed and developed to ensure the inclusion of food allergic pupils.
- Ensure the staff have received high-quality training in managing severe allergies in schools, including how to use an adrenaline auto injector and ensure all staff can recognise symptoms; know what to do in an emergency, and work to eliminate the use of allergens in the allergic pupil's meals, educational tools, arts and crafts projects.

- Ensure that medications are appropriately stored, and easily accessible in a secure location (but not locked away) central to designated staff members.
- Review policies after a reaction has occurred

Further reading

Anaphylaxis.org.uk

https://www.sparepensinschools.uk/for-schools/

CONSENT FORM

USE OF EMERGENCY ADRENALINE AUTO INJECTOR (AAI)

[Insert school name]

Child showing symptoms of allergy / anaphylactic shock

1. I can confirm that my child has been diagnosed with a severe allergic reaction / anaphylaxis and has been prescribed an Adrenaline Auto Injector.

2. My child has a working, in-date AAI, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or is unusable - I consent for my child to receive treatment from the emergency AAI held by the school for such emergencies.

Signed: Date: ……

Name (print)……

Child's name: ……

Class: ……

Parent's address and contact details:
……
……
……
……..

Telephone: ……E-mail:……